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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |  | Application or Docket Number<br><b>10/584,909</b> | Filing Date<br><b>06/29/2006</b> | <input type="checkbox"/> To be Mailed |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
|---|---|---|--|---|----------------------------------|---------------------------------------|--|----------|-----------|---|---|------------------|-----------|------------------------|------------|--|-------------------|----------------------------|--|-----|--------------|--------------|-----------|-----------|-----------|------------------------|--|-------|-------|-----|--|-----|------------|---|------------------------------|-----|-------|------|-----|------------|--|-----|-----|--|--|-----|------------|----------------------------------|---------------|-----|--------|--|-----------|----------|--|-------------|-----|--------|--|---|----------|---|---|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|---|--|------------|------------|------------|--|--|--|---|---|------------------|-----------|------------------------|-----------|----------------------------------|-------------------|--|--|--|--------|--|--|--------|--|------------------------|------------|------------|------------|--|--|-----------|---|---|------------------------------|-----------|------------------------|-----------|------------------------|-------------------|--|--|--|--|--|----|-----------|----------|------------------------|------|-------|--|-----|--|--|--|--|------------------------------|-----|---|------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|------------|------------|------------|--|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|-------------------|--|--|--|--------|--|----|--------|--|------------------------|------|-------|-------|-----|--|--|--|--|------------------------------|-----|-------|------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|
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| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                 |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/> OR    |  | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                                | RATE (\$)                                  | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A   | N/A  |   | N/A                              | <b>300</b>                            |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A   | N/A  |   | N/A                              | <b>400</b>                            |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A   | N/A  |   | N/A                              | <b>200</b>                            |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | 20 minus 20 =   | * 0   | X \$ =                                     |   | X \$ 50 =                        | <b>0</b>                              |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | 3 minus 3 =   | * 0   | X \$ =                                     |   | X \$ 200 =                       | <b>0</b>                              |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| TOTAL <span style="border: 1px solid black; padding: 2px;"> </span> TOTAL <span style="border: 1px solid black; padding: 2px;"> </span> <b>900</b>  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| APPLICATION AS AMENDED – PART II  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                           | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)                     |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>06/29/2006</b>   |   |   |  | X \$ =  |                                  | OR                                    | X \$ 50 =                                  | <b>0</b> |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | * 20  | Minus                                       | ** 20                                      | = 0   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 3   | Minus                                       | ***3                                       | = 0   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| TOTAL ADD'L FEE OR TOTAL ADD'L FEE <b>0</b>   |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY OR OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">AMENDMENT</td> <td style="padding-bottom: 5px;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding-bottom: 5px;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding-bottom: 5px;">PRESENT<br/>EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;"><b>06/29/2006</b></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">OR</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">Total (37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">* 20</td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">** 20</td> <td style="padding-bottom: 5px;">= 0</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">Independent (37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">* 3</td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">***3</td> <td style="padding-bottom: 5px;">= 0</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td colspan="7" style="text-align: center; padding-top: 5px;">TOTAL ADD'L FEE OR TOTAL ADD'L FEE <b>0</b></td> </tr> </tbody></table>  |   |   |  | (Column 1)  | (Column 2)                       | (Column 3)                            | SMALL ENTITY OR OTHER THAN<br>SMALL ENTITY |          | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$)  | ADDITIONAL<br>FEE (\$)                   | <b>06/29/2006</b> |                            |  |     | X \$ =       |              | OR        | X \$ =    |           | Total (37 CFR 1.16(i)) | * 20   | Minus | ** 20 | = 0 |  |     |            |   | Independent (37 CFR 1.16(h)) | * 3 | Minus | ***3 | = 0 |            |  |     |     | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |     |            |                                  |               |     |        | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |           |          |  |             |     |        |  | TOTAL ADD'L FEE OR TOTAL ADD'L FEE <b>0</b> |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                                  | SMALL ENTITY OR OTHER THAN<br>SMALL ENTITY |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                           | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)                     |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <b>06/29/2006</b>   |   |   |  | X \$ =  |                                  | OR                                    | X \$ =                                     |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | * 20  | Minus                                       | ** 20                                      | = 0   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 3   | Minus                                       | ***3                                       | = 0   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| TOTAL ADD'L FEE OR TOTAL ADD'L FEE <b>0</b>   |   |   |  |   |                                  |                                       |  |          |           |   |   |                  |           |                        |            |  |                   |                            |  |     |              |              |           |           |           |                        |  |       |       |     |  |     |            |   |                              |     |       |      |     |            |  |     |     |  |  |     |            |                                  |               |     |        |  |           |          |  |             |     |        |  |   |          |   |   |  |  |  |                                  |  |  |  |  |  |  |  |  |   |  |            |            |            |  |  |  |   |   |                  |           |                        |           |                                  |                   |  |  |  |        |  |  |        |  |                        |            |            |            |  |  |           |   |   |                              |           |                        |           |                        |                   |  |  |  |  |  |    |           |          |                        |      |       |  |     |  |  |  |  |                              |     |   |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |            |            |            |  |  |           |   |   |                  |           |                        |           |                        |                   |  |  |  |        |  |    |        |  |                        |      |       |       |     |  |  |  |  |                              |     |       |      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
Stephen Hoover